

*Program on Readjustment and Mental Health Care Services for Veterans Who Served in Operation Enduring Freedom and Operation Iraqi Freedom (section 304)*

The Senate bill contains a provision (section 306) that would require VA to establish a program providing OEF and OIF veterans with mental health services, readjustment counseling and services, and peer outreach and support. The program would also provide the immediate families of these veterans with education, support, counseling, and mental health services. In areas not adequately served by VA facilities, VA would be authorized to contract with community mental health centers and other qualified entities for the provision of such services, as well as provide training to clinicians and contract with a national non-profit mental health organization to train veterans participating in the peer outreach and support program. The provision would require an initial implementation report within 45 days after enactment of the legislation. Additionally, the Secretary would be required to submit a status report within one year of enactment of the legislation detailing the number of veterans participating in the program as well as an evaluation of the services being provided under the program.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision, but does not include the reporting requirement and authorizes rather than requires VA to contract with community mental health centers and other qualified entities in areas not adequately served by VA facilities.

*Travel Reimbursement for Veterans Receiving Treatment at Facilities of the Department of Veterans Affairs (section 305)*

The Senate bill contains a provision (section 308) that would authorize VA to increase the mileage reimbursement rate under section 111 of title 38, United States Code, to 41.5 cents per mile, and, a year after the enactment of this legislation, allow the Secretary to adjust the newly specified mileage rate to be equal to the rate paid to Government employees who use privately owned vehicles on official business. If such an adjustment would result in a lower mileage rate, the Secretary would be required to submit to Congress a justification for the lowered rate. The provision also would allow the Secretary to reimburse veterans for the reasonable cost of airfare when that is the only practical way to reach a VA facility.

There was no comparable House provision. The Compromise Agreement contains the Senate provision.

*Pilot Program on Incentives for Physicians Who Assume Inpatient Responsibilities at Community Hospitals in Health Professional Shortage Areas (section 306)*

The Senate bill contains a provision (section 313) that would require VA to establish a pilot program under which VA physicians caring for veterans admitted to community hospitals would receive financial incentives, of an amount deemed appropriate by the Secretary, if they maintain inpatient privileges at community hospitals in health professional shortage areas. Participation in the pilot program would be voluntary. VA would be required to carry out the pilot program for three years, in not less than five community hospitals in each of not fewer than two VISNs. In addition, VA would be authorized to collect third party payments for care provided by VA physicians to nonveterans while carrying out their responsibilities at the community hospital where they are privileged.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

*Grants for Veterans Service Organizations for Transportation of Highly Rural Veterans (section 307)*

The Senate bill contains a provision (section 315) that would require VA to establish a grant program to provide innovative transportation options to veterans in highly rural areas. Eligible grant recipients would include state veterans service agencies and veterans service organizations, and grant awards would not exceed \$50,000.

There was no comparable House provision. The Compromise Agreement contains the Senate provision.

*Modifications of Eligibility for Participation in Pilot Program of Enhanced Contract Care Authority for Health Care Needs of Certain Veterans (section 308)*

The Senate bill contains a provision (section 316) that would clarify the definition of eligible veterans who are covered under a pilot program of enhanced contract care authority for rural veterans, created by section 403(b) of the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387, 122 Stat. 4110). Eligible veterans would be defined to include those living more than 60 minutes driving distance from the nearest VA facility providing primary care services, living more than 120 minutes driving distance from the nearest VA facility providing acute hospital care, and living more than 240 minutes driving distance from the nearest VA facility providing tertiary care.

H.R. 3219 contains the same provision (section 206).

The Compromise Agreement contains this provision.

TITLE IV—MENTAL HEALTH CARE MATTERS

*Eligibility of Members of the Armed Forces Who Served in Operation Enduring Freedom or Operation Iraqi Freedom for Counseling and Services Through Readjustment Counseling Services (section 401)*

The Senate bill contains a provision (section 401) that would allow any member of the Armed Forces, including members of the National Guard or Reserve, who served in OEF or OIF to be eligible for readjustment counseling services at VA Readjustment Counseling Centers, also known as Vet Centers. The provision of such services would be limited by the availability of appropriations so that this new provision would not adversely affect services provided to the veterans that Vet Centers are currently serving.

There was no comparable House provision. The Compromise Agreement contains the Senate provision.

*Restoration of Authority of Readjustment Counseling Service To Provide Referral and Other Assistance Upon Request to Former Members of the Armed Forces Not Authorized Counseling (section 402)*

The Senate bill contains a provision (section 402) that would require VA to help former members of the Armed Forces who have been discharged or released from active duty, but who are not otherwise eligible for readjustment counseling. VA would be authorized to help these individuals by providing them with referrals to obtain counseling and services from sources outside of VA, or by advising such individuals of their right to apply for a review of their release or discharge through the appropriate military branch of service.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

*Study on Suicides among Veterans (section 403)*

The Senate bill contains a provision (section 403) that would require VA to conduct a study to determine the number of veterans

who committed suicide between January 1, 1999 and the enactment of the legislation. To conduct this study, VA would be required to coordinate with the Secretary of Defense, veterans' service organizations, the Centers for Disease Control and Prevention, and state public health offices and veterans agencies.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

TITLE V—OTHER HEALTH CARE MATTERS

*Repeal of Certain Annual Reporting Requirements (section 501)*

The Senate bill contains a provision (section 501) that would eliminate the reporting requirements, set forth in sections 7451 and 8107 of title 38, United States Code, on pay adjustments for registered nurses. These reporting requirements date to a time when VA facility directors had the discretion to offer annual General Schedule (GS) comparability increases to nurses. Current law requires VA to provide GS comparability increases to nurses so that that pay adjustment report is no longer necessary. The provision would also eliminate the reporting requirement on VA's long-range health care planning which included the operations and construction plans for medical facilities. The information contained in this report is already submitted in other reports and plans, in particular the Department's annual budget request.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

*Submittal Date of Annual Report on Gulf War Research (section 502)*

The Senate bill contains a provision (section 502) that would amend the due date of the Annual Gulf War Research Report from March 1 to July 1 of each of the five years with the first report due in 2010.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

*Payment for Care Furnished to CHAMPVA Beneficiaries (section 503)*

The Senate bill contains a provision (section 503) that would clarify that payments made by VA to providers who provide medical care to a beneficiary covered under CHAMPVA shall constitute payment in full, thereby removing any liability on the part of the beneficiary.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

*Disclosure of Patient Treatment Information from Medical Records of Patients Lacking Decision-making Capacity (section 504)*

The Senate bill contains a provision (section 504) that would authorize VA health care practitioners to disclose relevant portions of VA medical records to surrogate decision-makers who are authorized to make decisions on behalf of patients lacking decision-making capacity. The provision would only allow such disclosures where the information is clinically relevant to the decision that the surrogate is being asked to make.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

*Enhancement of Quality Management (section 505)*

The Senate bill contains a provision (section 506) that would create a National Quality Management Officer to act as the principal officer responsible for the Veteran Health Administration's quality assurance program. The provision would require each VISN and medical facility to appoint a quality management officer, as well as require